

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09982840</div> | | FILING DATE | | | | | |
|--------------------|----------|------|------------------------|------|------------------------|---|--|-----------------|------|------|------|------|------|
| APPLICANT(S) | | | | | | | | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ | | | | | | | |
| TOTAL DEP. | | ↓ | | ↓ | | ↓ | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS